## **COMBINED DECLARATION AND POWER OF ATTORNEY**

Attorney Docket No. 16CT01218

As a below named inventor, I hereby declare that:

My residence, post office address I believe I am the original, first and (if plural names are listed below) invention entitled: MEDICAL IM	sole inventor (if only one name of the subject matter which is	is listed below) or an ori claimed and for which	a patent is so	ought on the
OF CONTROLLING MEDIC which:	CAL IMAGE CAPTURING	SYSTEM (16CT01:	218), the spe	ecification of
(check one) [ ]		as Application Seria		
	and was amended on			inalordian dha
I hereby state that I have reviewe claims, as amended by any amen		of the above identified	specification, i	including the
I acknowledge the duty to disclo Federal Regulations §1.56.	se information which is materi	al to patentability as de	efined in Title	37, Code of
I hereby claim foreign priority ber patent, inventor's or plant breed designated at least one country of any foreign application for pate application having a filing date bef	der's rights certificate(s), or 36 ther than the United States of Ar int, inventor's or plant breeder	5(a) of any PCT intermerica, listed below and r's rights certificate(s), ich priority is claimed.	mational applic I have also ider	cation which ntified below, international
Prior Foreign Application No. Cou	untry Filing Date	Priority Not Claimed		No
2002-218473 JAF	PAN 7/26/2002			
I hereby claim priority benefits un below and, insofar as the subject States application in the manne acknowledge the duty to disclose which occurred between the filing application:	matter of each of the claims of er provided by the first parag material information as defined	this application is not draph of Title 35, Unite in Title 37, Code of Fe	lisclosed in the ed States Coo deral Regulatio	prior United de, §112. I ons, §1.56(a)
Application Serial No.	Filing Date	Status (patented, patented)	pending, abanc	doned)
I hereby claim the benefit under I listed below:		9(e) of any United State	es provisional a	application(s)
Application Serial No.	Filing Date	numbers ar	provisional appli re listed on a su et attached here	uppiemental

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*list name and registration number*)

Patrick W. Rasche (Reg. No. 37,916), John S. Beulick (Reg. No. 33,338), Bruce T. Atkins (Reg. No. 43,476), Thomas M. Fisher (Reg. No. 47,564), Daniel M. Fitzgerald (Reg. No. 38,880), Robert B. Reeser III (Reg. No. 45,548), and Michael Tersillo (Reg. No. 42,180), all of Armstrong Teasdale LLP, One Metropolitan Square, St. Louis, MO 63102; Carl B. Horton, (Reg. No. 34,622), Peter Vogel (Reg. No. 41,363), and, Michael A. Della Penna (Reg. No. 45,697), all of GE Medical Systems, 3000 North Grandview Blvd., W-710, Waukesha, WI 53188; Ronald E. Myrick (Reg. No. 26,315); Henry J. Policinski (Reg. No. 26,621), John F Beninati, Reg. No. 40,510, all of General Electric Company (W3C), 3135 Easton Tumpike, Fairfield, CT 06431-0001

Send Correspondence to:
Patrick W. Rasche
Armstrong Teasdale LLP
One Metropolitan Square, Suite 2600
St. Louis, MO 63102-2740

Address telephone calls to

Patrick W. Rasche 314.621.5070

## **COMBINED DECLARATION AND POWER OF ATTORNEY**

Attorney Dock t No. 16CT01218

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

SOLE OR FIRST INVENTOR:
Full Name: Akira Hagiwara
Signature: Ukira Hagiwara Date: May 16, 2003
Residence: Tokyo, Japan
Citizenship: Japan
Post Office Address: GE Yokogawa Medcal Systems, 7-127, Asahigaoka 4-chome, Hino-shi, Tokyo 191-8503  JAPAN
SECOND JOINT INVENTOR, IF ANY: Full Name:
Tuli Name
Signature: Date:
Residence:
Citizenship:
Post Office Address:
THIRD JOINT INVENTOR, IF ANY:
Full Name:
Signature: Date:
Residence:
Citizenship:
Post Office Address